

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

IMPACT

ADDRESS (number and street)

509 Madison Ave. Suite 1902

☐Check if different  
than previously  
reported. (ACC)

New York

NY

10022

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00348607

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2010

through

04

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David A. Barrett

Signature of Treasurer

Electronically Filed by David A. Barrett

Date

05

17

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 11

Write or Type Committee Name  
IMPACT

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	70565.67
(b) Cash on Hand at Beginning of Reporting Period .....	56675.57	
(c) Total Receipts (from Line 19) .....	24505.14	89525.13
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	81180.71	160090.80
7. Total Disbursements (from Line 31) .....	3765.95	82676.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	77414.76	77414.76
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 11

Write or Type Committee Name

IMPACT

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	5000.00	7500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5000.00	7500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	19500.00	57000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	24500.00	64500.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	25000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	5.14	25.13
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	24505.14	89525.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24505.14	89525.13

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	3765.95	12676.04	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	3765.95	12676.04	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	70000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3765.95	82676.04	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3765.95	82676.04	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	24500.00	64500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24500.00	64500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3765.95	12676.04
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3765.95	12676.04

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

IMPACT

**A.**

Full Name (Last, First, Middle Initial)

Oneida Tribe of Indians of Wisconsin

Mailing Address PO Box 365

City

Oneida

State

WI

Zip Code

54155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: C5865135

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

5000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

IMPACT

A.

Full Name (Last, First, Middle Initial)

AFLAC PAC

Mailing Address 1932 Wynnton Rd.

City

Columbus

State

GA

Zip Code

31999

FEC ID number of contributing  
federal political committee.

C C00034157

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 1 0

Transaction ID: C5865128

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

American Podiatric Medical Association PAC

Mailing Address 9312 Old Georgetown Rd.

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C C00008839

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

Transaction ID: C5865126

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

American Resort Development Association Resort

Mailing Address Owners Coalition PAC-ARDA ROC PAC  
1201 15th St., NW 4th Floor

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C C00358663

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

Transaction ID: C5865125

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) .....

12500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

IMPACT

**A.**

Full Name (Last, First, Middle Initial)

Int'l Brotherhood of Electrical Workers COPE

Mailing Address 900 7th St. NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C**

C00027342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 0

Transaction ID: C5865122

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Massachusetts Mutual Life Insurance Company PAC

Mailing Address 1295 State St.

City

Springfield

State

MA

Zip Code

01111

FEC ID number of contributing  
federal political committee.

**C**

C00118943

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

Transaction ID: C5865120

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

19500.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) 509 Madison Avenue Associates, LP</p> <p>Mailing Address c/o Kensico Properties 509 Madison Ave.</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Rent (Includes Utilities)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340400</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 649.94</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 1201 Third Ave. Suite 4800</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Professional Services-Legal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340405</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 95.00</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) TFS Consulting</p> <p>Mailing Address 426 C St. NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Consulting Service-Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D340401</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>003 Category/ Type</p> <p>Not For Federal Candidate</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

1744.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verdolino &amp; Lowey, P.C.</p> <hr/> <p>Mailing Address 124 Washington St. Suite 101</p> <hr/> <p>City Foxboro State MA Zip Code 02035</p> <hr/> <p>Purpose of Disbursement Professional Services-Accounting</p> <hr/> <p>Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001 Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D340410</p> <p><b>Date of Disbursement</b>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 0</div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">910.41</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <hr/> <p>Mailing Address P.O. Box 15124</p> <hr/> <p>City Albany State NY Zip Code 12212</p> <hr/> <p>Purpose of Disbursement Telephone</p> <hr/> <p>Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001 Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D340411</p> <p><b>Date of Disbursement</b>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 0</div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">62.08</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <hr/> <p>Mailing Address P.O. Box 15124</p> <hr/> <p>City Albany State NY Zip Code 12212</p> <hr/> <p>Purpose of Disbursement Telephone</p> <hr/> <p>Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001 Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D340404</p> <p><b>Date of Disbursement</b>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0</div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">61.27</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**1033.76**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
IMPACT**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 2853

City  
New YorkState  
NYZip Code  
10116Purpose of Disbursement  
Credit Card - See Below if Itemized

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D340408

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	0

Amount of Each Disbursement this Period

946.00

**B.**

Full Name (Last, First, Middle Initial)

New York Yankees

Mailing Address River Ave. &amp; East 161st

City  
BronxState  
NYZip Code  
10451Purpose of Disbursement  
Reception-Catering Not For Fed Candidate

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D340409

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	0

Amount of Each Disbursement this Period

946.00

**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

946.00

TOTAL This Period (last page this line number only) .....

3724.70